



Media Registration Form

American Society of Retina Specialists 26th Annual Meeting
October 11–15, 2008 • Grand Wailea Resort Hotel & Spa • Maui, Hawaii

PLEASE PRINT CLEARLY.

First name Middle initial / name Last name

Complete mailing address

City State Postal code Country

E-mail Phone Fax

Are you a freelancer? Yes No

Job title

Media outlet

Type of media outlet:

- | | |
|---|---|
| <input type="checkbox"/> Ophthalmic or other healthcare trade publication | <input type="checkbox"/> News or wire service |
| <input type="checkbox"/> Daily newspaper | <input type="checkbox"/> Television station |
| <input type="checkbox"/> Weekly newspaper | <input type="checkbox"/> Radio station |
| <input type="checkbox"/> Consumer magazine or newsletter | <input type="checkbox"/> Internet |
| | <input type="checkbox"/> Other – please specify _____ |

I am attending:

- | | |
|---|--|
| <input type="checkbox"/> Saturday, October 11: Fluorescein Angiography Conference | <input type="checkbox"/> Monday, October 13: Scientific Session 4 |
| <input type="checkbox"/> Sunday, October 12: Scientific Session 1 | <input type="checkbox"/> Tuesday, October 14: Scientific Session 5 |
| <input type="checkbox"/> Sunday, October 12: Award Lectures | <input type="checkbox"/> Tuesday, October 14: Scientific Session 6 |
| <input type="checkbox"/> Sunday, October 12: Scientific Session 2 | <input type="checkbox"/> Wednesday, October 15: Scientific Session 7 |
| <input type="checkbox"/> Monday, October 13: Scientific Session 3 | <input type="checkbox"/> Wednesday, October 15: Scientific Session 8 |

Can we release your contact information to exhibitors? Yes No

A business card or other acceptable form of identification listing your company (media outlet) and editorial job title must be sent with this application or presented to Registration Staff before you can be given media credentials. Freelance reporters must provide a letter of assignment or an article with your byline from an appropriate publication. For questions, please refer to the Media Registration Guidelines or contact Karen Baranick at 914-722-0664 or by e-mail at karen.baranick@medconfs.com.

Media are prohibited from attending instructional courses, social events and the ASRS Business Meeting.

I have read and agree to the ASRS Media Registration Guidelines.

Signature _____ Date _____

FAX completed form to:
Medical Conference Planners, Inc.
914-722-0465

QUESTIONS
Phone 914-722-0664
asrshawaii@medconfs.com

DEADLINE
Pre-registration deadline:
September 26, 2008